

# **CHILDHOOD SEVERITY OF PSYCHIATRIC ILLNESS**

## **MANUAL**

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## **Childhood Severity of Psychiatric Illness**

### **About the Measure**

The Childhood Severity of Psychiatric Illness (CSPI) is an assessment tool developed to assist in the management and planning of mental health services for children and adolescents. Developed as a decision support tool for case managers and clinical decision-makers, the CSPI provides for the structured assessment of children with possible mental health service needs along a set of dimensions found to be relevant to clinical decision making. In addition, the measure is designed to provide information regarding children's mental health needs for utilization during service system planning and quality assurance monitoring.

The dimensions and objective anchors used in the CSPI were developed through focus groups with a variety of participants including representatives of the provider community and DCFS case workers and staff. From these discussions, pilot instruments were developed and tested in a number of sites. The reliability of the CSPI has been found to be quite high for trained raters and the dimensions have been shown to reliably predict both mental health service use and clinical outcomes.

A summary of the dimensions of the CSPI can be found below. Each of these dimensions is rated on 4-point scales after routine clinical contact or following review of case files. Although the anchors of each of these scales varies, the basic design is that a zero reflects no evidence, a rating of one reflects a mild degree of the dimension, a rating of 2 reflects a moderate degree and a rating of 3 reflects a severe or profound degree of the dimension. The basic structure of the CSPI is as follows:

#### **Symptoms:**

- Neuropsychiatric Disturbance
- Emotional Disturbance
- Conduct Disturbance
- Oppositional Behavior
- Impulsivity
- Contextual Consistency of Symptoms
- Temporal Consistency of Symptoms

#### **Risk Factors\*:**

- Suicide Risk
- Danger to Others
- Elopement Risk
- Crime/Delinquency
- Sexual Aggression

#### **Functioning:**

- School Dysfunction
- Family Dysfunction
- Peer Dysfunction

**Co-morbidity:**

Adjustment to Original Trauma/Separation  
Medical  
Substance Abuse  
Severity of Abuse  
Sexual Development  
Learning and Developmental Disabilities

**Systems Factors:**

Caregiver Ability to Provide Supervision  
Caregiver Motivation for Change  
Caregiver Knowledge of Child  
Placement Safety  
Community Capacity for WRAP Services  
Multi-System Needs

**\*For Risk Factors, use 7 days prior to admission for rating. For all other scales, use 30 days prior to admission.**

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## Definitions of Item Rating Levels

### SYMPTOMS

**Neuropsychiatric Disturbance.** This dimension is used to rate symptoms of psychiatric disorders with a known neurological base. DSM-IV disorders included on this dimension are Schizophrenia, Psychotic disorders (unipolar, bipolar, NOS), Autism, and some encephalopathies. The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, bizarre/idiosyncratic behavior.

- 0 This level indicates a child with no evidence of thought disturbances. Both thought processes and content are within normal range.
- 1 This level indicates a child with evidence of mild disruption in thought processes or content. The child may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This level also includes children with a history of hallucinations but none currently. This category would be used for children who are subthreshold for one of the DSM diagnoses listed above.
- 2 This level indicates a child with evidence of notable disturbance in thought process or content. The child may be somewhat delusional or have brief or intermittent hallucinations. The child's speech may be, at times, quite tangential or illogical. This level would be used for children who meet the diagnostic criteria for one of the disorders listed above.
- 3 This level indicates a child with severe thought disorder. The child frequently experiences symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions or hallucinations or both. Command hallucinations would also be coded here. This level is used for extreme cases of the diagnoses listed above.

#### Schizophrenia

##### A. Characteristic Symptoms:

(Two or more of the following, unless severe delusions or hallucinations, for a significant portion of time during a one month period):

- delusions
- hallucinations
- disorganized speech
- grossly disorganized or catatonic behavior
- negative symptoms (i.e. affective flattening)

##### B. Social/Occupational Dysfunction:

Failure to achieve expected level of self-care or interpersonal, academic, or occupational achievement.

##### C. Duration:

Continuous signs of the disturbance persist for at least six months (must include at least one month of symptoms, unless successfully treated).

#### Autism

##### A. Characteristic Symptoms:

(Six or more items with at least two from (1), and one from (2) and (3)).

##### 1) Impairment in Social Interaction:

- marked impairment in the use of multiple nonverbal behaviors
- failure to develop peer relationships
- lack of shared enjoyment, interests, or achievements with other people
- lack of social or emotional reciprocity

##### 2) Impairments in Communication:

- delay or total lack of development of spoken language
- impairment in ability to initiate or sustain a conversation
- stereotyped and repetitive or idiosyncratic use of language
- lack of age-appropriate make-believe or social imitative play

##### 3) Restricted Repetitive and Stereotyped Patterns of Behavior,

##### Interests, and Activities:

- preoccupation with stereotyped and restricted patterns of interests
  - that is abnormal in intensity or focus
- inflexible adherence to routines or rituals
- stereotyped and repetitive motor mannerisms
- persistent preoccupation with parts of objects

##### B. Delays or Abnormal Functioning:

(Onset prior to age 3)

- social interaction
- language as used as social communication
- symbolic or imaginative play

**Emotional Disturbance** This dimension is used to rate symptoms of the follow psychiatric disorders as specified in DSM-IV: Depression (unipolar, dysthymia, NOS), Bipolar, Intermittent Explosive Disorder, Generalized Anxiety, Eating Disorders, Phobias. Symptoms included in this dimension are depressed mood, social withdrawal, anxious mood, sleep disturbances, weight/eating disturbances, loss of motivation.

- 0 This rating is given to a child with no emotional problems. No evidence of depression or anxiety.
- 1 This rating is given to a child with mild to moderate emotional problems. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior. This level is used to rate either a mild phobia or anxiety problem or a subthreshold level of symptoms for the other listed disorders.
- 2 This rating is given to a child with a moderate to severe level of emotional disturbance. This could include major conversion symptoms, frequent anxiety attacks, obsessive rituals, flashbacks, hypervigilance, depression, or school avoidance. Any diagnosis of anxiety or depression should be coded here (regardless of severity). This level is used to rate children who meet the criteria for an affective disorder listed above.
- 3 This rating is given to a child with a very severe level of emotional disturbance. This would include a child who stays at home or in bed all day due to anxiety or depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. More severe forms of anxiety or depressive diagnoses would be coded here (e.g., meeting criteria in excess of the diagnosis). This level is used to indicate an extreme case of one of the disorders listed above.

**Generalized Anxiety Disorder**

A. Excessive anxiety and worry about a number of events or activities (occurring more days than not for at least six months).

B. Worry is difficult to control

C. Characteristic Symptoms:

(One or more of the following):

- restlessness
- easily fatigued
- difficulty concentrating
- irritability
- muscle tension
- sleep disturbance

**Major Depressive Disorder**

A. Characteristic Symptoms:

(5 or more of the following present during a two-week

period. Must include either depressed mood or loss of interest or pleasure):

- depressed or irritable mood (most of the day, nearly every day)
- markedly diminished interest or pleasure in activities (most of the day, nearly every day)
- significant weight loss or gains (or failure to meet expected weight gains)
- insomnia or hypersomnia nearly every day
- psychomotor agitation or retardation nearly every day
- fatigue
- feelings of worthlessness or inappropriate guilt nearly every day
- diminished ability to think or concentrate or indecisiveness nearly every day
- recurrent thoughts of death, suicidal ideation or attempt

**Conduct Disturbance (Antisocial behavior)** This dimension includes the symptoms of conduct disorder as specified in DSM-IV. These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, assault.

- 0 This level indicates a child with no evidence of behavior disorder.
- 1 This level indicates a child with a mild or moderate level of conduct problems. Some difficulties in school and home behavior. Problems recognizable but not notably deviant for age and sex and community. This might include occasional truancy, lying or petty theft from family.
- 2 This level indicates a child with a moderate to severe level of conduct disorder. This could include episodes of planned aggressive or other anti-social behavior. A child rated at this level should meet the criteria for a diagnosis of conduct disorder.
- 3 This level indicates a child with a very severe conduct disorder. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

**Conduct Disorder** (Three or more of the following in the last 12 months w/ at least one in the last 6 months):

**Aggression to people and animals**

- bullies, threatens, or intimidates others
- initiates physical fights
- has used a weapon that can cause serious physical harm to others
- has been physically cruel to people
- has stolen while confronting a victim (mugging, extortion, armed robbery, purse snatching)
- has forced someone into sexual activity

**Serious Violations of Rules**

- often stays out at night despite parental prohibitions (beginning before age 13)
- has run away from home overnight at least twice (or once without returning for a lengthy period)
- often truant from school (beginning before age 13)

**Destruction of Property**

- engaged in fire setting with the intention of causing serious damage
- has deliberately destroyed others' property

**Deceitfulness of Theft**

- has broken into someone's house, building, car
- lies to obtains goods or favors (i.e. "cons" others)
- has stole items of nontrivial value without confronting victim

**Oppositional Behavior (Compliance with authority)** This dimension is intended to capture how the child relates to authority. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance to authority rather than on seriously breaking social rules, norms, and laws.

- 0 This level indicates that the child is generally compliant.
- 1 This level indicates that the child is occasionally noncompliant to some rules or adult instructions.
- 2 This level indicates that the child is frequently noncompliant to rules or adult instructions. A child rated at this level should meet the criteria for Oppositional Defiant Disorder in DSM-IV.
- 3 This level indicates that the child is virtually always noncompliant to rules or adult instructions. A child rated at this level would be a severe case of Oppositional Defiant Disorder.

## **Oppositional Defiant Disorder**

### **A. Characteristic Symptoms:**

(4 or more of the following for at least 6 months):

- often loses temper
- often argues with adults
- often actively defies or refuses to comply with adults' requests or rules
- often deliberately annoys people
- often blames others for his or her mistakes or misbehavior
- is often touchy or easily annoyed by others
- is often angry or resentful
- is often spiteful or vindictive

**Impulsivity** In addition to impulsive behavior, symptoms of Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here.

- 0 This rating is used to indicate a child with no evidence of impulse control problems.
- 1 This rating is used to indicate a child with some evidence of mild problems with impulse control. This could be infrequent impulsive action that does not pose notable safety risk, but where the child clearly did not consider consequences. Occasional tantrums or angry outbursts might be rated here.
- 2 This rating is used to indicate a child with considerable impulse control problems. Frequent impulsive behavior is observed or reported that carries some safety risk. A child who meets DSM-IV diagnostic criteria for ADHD or Impulse Control Disorder would be rated here.
- 3 This rating is used to indicate a child with severe impairment of impulse control. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g. running into the street, dangerous driving or bike riding). A child with profound symptoms of ADHD or Impulse Control Disorder would be rated here.

## **ADHD**

### **A. Characteristic Symptoms:**

(6 or more of the following for at least 6 months):

#### ***Inattention Often:***

- fails to pay attention to details or makes careless mistakes in schoolwork, or other activities
- has difficulty sustaining attention in tasks or play
- does not seem to listen when spoken to
- does not follow through on instructions and fails to finish schoolwork or chores
- has difficulty organizing tasks and activities
- avoids tasks that require sustained mental effort
- loses things necessary for tasks or activities
- easily distracted by extraneous stimuli
- forgetful in daily activities

#### ***Hyperactivity Often:***

- fidgets with hands or feet or squirms in seat
- has difficulty remaining seated when expected
- runs and climbs excessively or subjective feelings of restlessness
- has difficulty playing quietly
- is "on the go" or acts as if "driven by a motor"
- talks excessively

#### ***Impulsivity Often:***

- blurts out answers during questions
- has difficulty awaiting turn
- interrupts or intrudes on others

B. Some symptoms present before age 7.

C. Some impairment present in two or more settings.

**Impulse Control Disorders Symptoms:**

Several discrete episodes of failure to resist:

- aggressive impulses that result in serious
- assaultive acts or destruction of property
- impulses to steal objects that are not needed
  - impulses to deliberately, purposefully set fires



### **Contextual Consistency of Symptoms**

- 0 This level is used for a child who is symptomatic primarily in one location (e.g. school or home only) and minimally symptomatic in another setting.
- 1 This level is used for a child who is symptomatic in an unstructured setting but who becomes minimally symptomatic when placed in highly structured settings.
- 2 This level is used to represent a child who is symptomatic across most settings regardless of structure or circumstance, but who demonstrates notable variability in symptom type or intensity by context.
- 3 This level indicates a child who is consistently symptomatic regardless of environmental context.

### **Temporal Consistency of Symptoms**

- 0 This level indicates a child who is not symptomatic or who has developed symptomatology only in the past three months as the result of a clear stressor.
- 1 This level indicates a child who has become symptomatic in the past two years but has remained at least somewhat symptomatic during this time or a child who has become symptomatic in the past three months despite the absence of any clear stressors.
- 2 This level indicates a child who has been symptomatic for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
- 3 This level indicates a child who has been symptomatic for an extended period of time (e.g. more than two years) without significant symptom-free periods.

## **RISK FACTORS**

### **Suicide Risk**

- 0 This rating is given to someone with no known history of either suicide attempts or ideation.
- 1 This rating is given to someone with (1) no current suicidal ideation, (2) no recent suicide attempts (last 7 days), and (3) a known history of either a suicide attempt or ideation.
- 2 This rating is given to someone with (1) current evidence of suicidal ideation or preoccupation including talking about death and threatening to kill oneself, (2) no recent suicide attempt (last 7 days) OR a prior suicide attempt in the last 7 days with no suicidal ideation in the past 48 hours.
- 3 This rating is given to someone with a recent suicide attempt (last 7 days) regardless of the potential lethality of the attempt AND current active suicidal ideation in the last 48 hours.

### **Danger to Others**

- 0 This rating is given to someone with (1) no current physical aggressiveness (last 7 days) towards either people or property, (2) no current verbal aggressiveness, and (3) no known history of aggressive acts to either people or property.
- 1 This rating is given to someone with (1) no current physical aggressiveness but either (2) current (last 7 days) verbal aggressiveness (but not homicidal) or (3) a known history of aggressive acts to either people or property.
- 2 This rating is given to someone who is currently physically aggressive towards property or people regardless of verbal aggressiveness, but not at a level that risks significant injury (hospitalization) or death.
- 3 This rating is given to someone who is either currently (last 7 days) physically aggressive towards people to the extent that there is risk of causing significant injury or death or expressing homicidal threats or ideation. Command hallucinations to kill or injure someone would be coded here.

**Elopement Risk.** In general to classify as a runaway or elopement, the child is gone overnight or very late into the night. The exceptions to this would be runaway attempts where the child is found and returned quickly although it was clear that he/she intended to remain away for an extended period.

- 0 This rating is for a child with no history of running away and no ideation involving escaping from the present living situation and/or treatment.
- 1 This rating is for a child with no recent history of running away but who has expressed ideation about escaping present living situation or treatment. Child may have threatened running away on one or more occasions or have a history (lifetime) of running away but not in the past year.
- 2 This rating is for a child who has run away from home once or run away from one treatment setting within the past year. Also rated here is a child who has run away to home (parental or relative) in the past year.
- 3 This rating is for a child who has (1) run away from home and/or treatment settings within the last 7 days or (2) run away from home and/or treatment setting twice or more overnight during the past 30 days. Destination is not a return to home of parent or relative.

### **Crime/Delinquency**

- 0 No evidence of criminal or delinquent behavior or history.
- 1 No current evidence of criminal or delinquent behavior in the past year but a prior history. Minor vandalism (less than \$500) might be rated here even if in last 30 days.
- 2 Evidence of criminal or delinquent behavior in the past year although child not actively engaged in criminal behavior. This could include significant acts of vandalism (more than \$500). No known gang affiliation.
- 3 Recent evidence of criminal or delinquent behavior (last 30 days) or a child or adolescent with known gang affiliation.

## **Sexual Aggression**

- 0 This level indicates a child or adolescent who has never been sexually aggressive or coerced another child or adolescent into sexual activity. No evidence of any history or current sexual aggression.
- 1 This level indicates a child or adolescent who has previously been sexually aggressive or coerced another child but has successfully completed a treatment program. None of the prior sexual activity involved forced or coerced intercourse or penetration.
- 2 This level is used to indicate a child or adolescent who has either (1) a history of sexual aggression that included forced or coerced intercourse/penetration but has successfully completed a treatment program or (2) has been sexually aggressive or coerced another child into sexual activity in the past year not including forced or coerced intercourse or penetration.
- 3 This level indicates a child or adolescent who has been sexually aggressive in the past year and has engaged in forced or coerced intercourse or penetration during this time.

## **FUNCTIONING**

### **School Dysfunction**

- 0 This rating is used to indicate a child who is performing at his/her appropriate level in school or less than school age.
- 1 This rating is used to indicate a child who is having mild to moderate problems at school. This could include underachievement, discipline problems, or a child in a special school doing well.
- 2 This rating is used to indicate a child with serious school difficulties that may include school suspension, frequent truancy, significant discipline problems, and/or underachievement (at the level of failing a grade).
- 3 This level indicates a child with very severe school problems. This could include failure to attend, dangerous discipline problems, a child not in school who is of school age, or a child in a special school who continues to have significant problems.

**Family Dysfunction** (rated based on individuals, including non-family members, living at home)

- 0 This level indicates a family that is functioning without notable problems. Conflicts arise but are handled appropriately. Communication is adequate. Roles, hierarchies, and boundaries are clear.
- 1 This rating is used to indicate a family with mild to moderate dysfunction. This could include considerable unresolved conflict, blurred or inappropriate hierarchies and/or boundaries (e.g. parents pull children into their marital conflict).
- 2 This level indicates a seriously dysfunctional family. This could include potentially dangerous conflict, serious acting out by family members, and very poor communication.
- 3 This level indicates a severely dysfunctional family characterized by abuse and/or violence or extremely inappropriate communication. Lack of provision of basic needs for child.

**Peer Dysfunction**

- 0 This rating is used to indicate a child with appropriate peer relations. He/she has at least one identifiable close friend and good relations with other peers.
- 1 This level indicates a child with mild to moderate dysfunction in peer relations. This may include an absence of any close friend, conflictual relationships, or withdrawal from peers.
- 2 This level indicates a child with serious dysfunction in peer relationships. The child may be a 'loner' with few social contacts or may have very conflictual relationships with most peers.
- 3 This level indicates a child with very severe dysfunction in peer relationships. This would include violence towards peers or a complete absence of meaningful social contact or exclusive association with a highly deviant peer group (e.g., gang involvement).

## CO-MORBIDITY

### Adjustment to Trauma/Separation

- 0 Child appears to have adjusted to separation from parent(s) without significant psychological effects.
- 1 Child has some mild adjustment problems to separation from parent(s) or as result of earlier abuse. Child may be somewhat distrustful or unwilling to talk about parent(s).
- 2 Child has marked adjustment problems associated either with separation from parent(s) or with prior abuse. Child may have nightmares or other notable symptoms of adjustment difficulties.
- 3 Child has post-traumatic stress difficulties as a result of either separation from parent(s) or prior abuse. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of PTSD.

### PTSD

#### A. Traumatic Event:

(Both of the following are present):

- person exposed to traumatic event(s) in which actual or threat of death or serious injury to self or other.
- person's response involved intense fear, helplessness, or horror (may be expressed by children as disorganized or agitated behavior)

#### B. Persistent Re-experience of Event:

(1 or more of the following):

- recurrent, intrusive distressing recollections of event and may engage in repetitive play or daydreams in which themes or aspects of the trauma are expressed
- frightening dreams with or without specific content
- acting or feeling as if the traumatic event were recurring
- psychological distress at exposure to internal or external cues that resemble an aspect of the traumatic event
- physiological reactivity on exposure to internal or external cues that resemble traumatic event

#### C. Avoidance of Related Stimuli or Numbing of Responsiveness: (3 or more of the following):

- avoids conversations, thoughts, feelings associated with the trauma
- avoids activities, places or people reminiscent of trauma
- can't remember aspects of the trauma
- decreased interest/participation in normal activities
- feelings of detachment or estrangement
- restricted range of affect
- sense of foreshortened future

#### D. Persistent Symptoms Post Trauma:

(2 or more of the following):

- difficulty falling or staying asleep
- irritability or outbursts of anger
- difficulty concentrating
- hypervigilance
- startles easily

#### E. Duration:

-Symptoms for greater than one month

## **Medical**

- 0 This rating is for someone who has no notable medical problems. A mild, untreated medical problem that does not affect the person's psychological status would be coded here.
- 1 This rating is for someone with mild to moderate medical problems that require treatment but are relatively independent of the psychiatric illness (e.g. sinusitis, broken arm).
- 2 This rating is for someone with a moderate to serious medical problem that both requires treatment and represents a mild to moderate complication to psychiatric treatment (e.g., diabetes, asthma, heart valve problem, or seizures). Non-symptomatic HIV infection would be rated here.
- 3 This rating is for someone with a life threatening medical condition that presents a significant complication to treatment management (e.g. cancer, leukemia, AIDS, or severe malnutrition secondary to anorexia).

## **Substance Abuse**

- 0 This rating is for someone who has no notable substance use difficulties at the present time. If the person is in recovery for greater than 1 year, they should be coded here, although this is unlikely for a child or adolescent.
- 1 This rating is for someone with mild to moderate substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently maintaining abstinence.
- 2 This rating is for someone with a moderate to serious substance abuse problem that both requires treatment and interacts with and exacerbates the psychiatric illness. Substance abuse problem consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting.
- 3 This rating is for someone with an extreme substance dependence condition that presents a significant complication to the inpatient management (including need for detoxification, substance abuse in residential facility, and so forth).

## **Severity of Abuse / Neglect**

- 0 This level is used to indicate a child with no history of any form of physical or sexual abuse, nor any history of neglect.
- 1 This level is used to indicate a child with a history of mild abuse or neglect. This could include a child who is occasionally hit or touched inappropriately. Occasional neglect would also be rated here such as leaving a child at home with no adult supervision.
- 2 This level is used to indicate a child with a moderate level of abuse. This would include a child who has been fondled on an ongoing basis but not penetrated. However, this might also include a child who has been penetrated on one occasion. This would also include a child who is physically abused on an ongoing basis and may require medical attention.
- 3 This level is used to indicate a child with a severe history of abuse. This would include a child who has been sexually penetrated on multiple occasions and over an extended period or forced to perform sexual acts on other children or adults. This would also include a child who has been severely physically abused to the point where the child requires serious medical attention (e.g., hospitalization). This level would also indicate a child who has experienced extreme neglect (e.g., severe malnutrition, starvation).

## **Sexual Development**

- 0 This level indicates a child engaging in age appropriate sexual activity. There is no evidence of disrupted sexual development.
- 1 This level indicates a mild disruption in sexual development. This might include some sexually inappropriate activity for the child's developmental stage. An adolescent who is experiencing distress from homosexual urges or impulses might be rated here.
- 2 This level indicates a moderate disruption in sexual development. This could include over-sexualized behavior or an absence of any sexual interest in an adolescent.
- 3 This level indicates a severe disruption in sexual development. This could include grossly inappropriate sexual behavior for age, including sexual aggression. Multiple older partners might be rated here.



## **Learning Disability/Developmental Delay**

- 0 This level indicates a child with no evidence of any learning disabilities or developmental delay.
- 1 This level indicates a child with a mild to moderate learning disability that is likely to make academic achievement more challenging but is not severe enough to require a special school environment. Child's IQ is expected to be greater than 85.
- 2 This level indicates a child with a severe learning disability or a developmental disability that would require a special education environment in order for the child to learn. Child's IQ would be expected to be between 70 and 85.
- 3 This level indicates a child with a profound developmental disability that likely seriously limits the child's academic development. Child's has an IQ of less than 70.

## **SYSTEM FACTORS**

**Caregiver Ability to Provide Supervision.** This rating should be based on the caregiver's ability to manage behavior and set appropriate limits

- 0 This rating is used to indicate a caregiver circumstance in which supervision and monitoring is appropriate and well-functioning.
- 1 This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.
- 2 This level indicates a caregiver circumstance in which supervision and monitoring are very inconsistent and frequently absent.
- 3 This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.

## Caregiver Motivation for Change

- 0 This rating is used to indicate a caregiver that is motivated to make changes necessary to solve present problems. This would also include a placement that is actively involved in child's treatment or treatment planning.
- 1 This level indicates a caregiver circumstance in which at least one member is motivated for change. Other members are ambivalent or uninterested. This would also include some evidence of noncompliance with treatment recommendations for child.
- 2 This rating is used to indicate a circumstance in which the caregiver is not motivated to make changes but who is not actively resistant to change. This would also included a placement in which there is disagreement about making changes or moderate noncompliance with child's treatment recommendations.
- 3 This level indicates a caregiver that is resistant to making any changes necessary to solve present problems. This would included severe noncompliance or disruptive involvement with child's treatment. This level would be used for a caregiver who has signed a 14 day notice.

**Caregiver Knowledge of Child.** This rating should be based on caregiver's knowledge of the specific strengths of the child and any problems experienced by the child and their ability to understand the rationale for the treatment or management of these problems.

- 0 This level indicates that the present caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents and limitations.
- 1 This level indicates that the present caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's psychological condition of his/her talents, skills and assets.
- 2. This level indicates that the caregiver placement does not know or understand the child well and that notable deficits exist in the placement's ability to relate to the child's problems and strengths.
- 3 This level indicates that the present caregiver has a significant problem in understanding the child's current condition. The placement is unable to cope with the child given his/her status at the time, not because of the needs of the child, but because the placement personnel do not understand or accept the situation.

## **Placement Safety**

- 0 This level indicates that the present placement is as safe or safer for the child (in his or her present condition) as could be reasonably expected.
- 1 This level indicates that the present placement environment presents some mild risk of continued neglect, exposure to undesirable environments (e.g., drug use, gangs, etc.) but that no immediate risk is present.
- 2 This level indicates that the present placement environment presents moderate levels of risk to the child including such things as the risk of additional neglect or abuse or exposure to individuals who could harm the child.
- 3 This level indicates that the present placement environment presents a significant risk to the well-being of the child. Risk of neglect or abuse is eminent and immediate. Individuals in the environment offer the potential of significantly harming the child.

## **Community Capacity for WRAP Services.** The definition of community includes the specific placement.

- 0 Community demonstrates ability to involve WRAP services (such as respite, home-based services, etc.) To assist in maintaining the child in the placement given the child's current symptomatology, behavior, and risk. Community and placement may be enthusiastic about these services.
- 1 Community demonstrates some ability or potential to involve WRAP services to assist in maintaining the child in the placement. Community and/or placement may not be enthusiastic, but demonstrates a willingness to try to implement service package.
- 2 Community has limited ability to involve WRAP services in maintaining the child in the placement. Community may lack some necessary services, or these services may be of inadequate quality or the placement may be notably ambivalent about maintaining the child in the current placement.
- 3 Community service providers have no capacity to work with placement (or vice versa) to implement WRAP services. This may be due to the absence of service options, motivation on the part of either the placement or community service providers, knowledge and/or skills.

## **Multi-System Needs**

- 0 This level indicates a child who is involved only with the mental health service system or solely with one system. He/she does not have special needs that must be addressed within other service sectors (e.g., special education, criminal justice).
- 1 This level indicates a child who needs to be involved in special services with one other service system outside of the mental health service system. This would include children with serious medical problems, special education needs, criminal justice involvement, or any additional resource use.
- 2 This level indicates a child with multiple service needs being addressed by agencies that are working together towards complementary goals.
- 3 This level indicates a child with multiple service needs. Agencies have competing goals for the child/adolescent or are uninvolved or refuse to be involved.

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